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THIS BULLETIN MAY BE MAILED FIRST CLASS FOR 5 CENTS TO MEN WHO ARE IN MILITARY SERVICE OUTSIDE THE COUNTRY

IN CHRONIC EXHAUSTION OR DEPRESSION

*Immediate Results: Favorable—
in some instances, spectacular*



"The immediate effects of benzedrine sulphate . . . have been studied in 400 cases in which there were disorders of mood (chiefly depression), chronic nervous exhaustion and psychoneurosis. In about 80 per cent of the cases of chronic exhaustion or depression the immediate results were favorable, and in some instances spectacular, leading to complete relief of exhaustion, to marked exhilaration, and to increased capacity for physical and mental effort." Wilbur, D. L., MacLean, A. R. and Allen, E. V.—Proc. Staff Meet. Mayo Clinic, 12:97, 1937.

The quotation above is characteristic of the literature on Benzedrine Sulfate therapy in depressive states.

BENZEDRINE SULFATE TABLETS



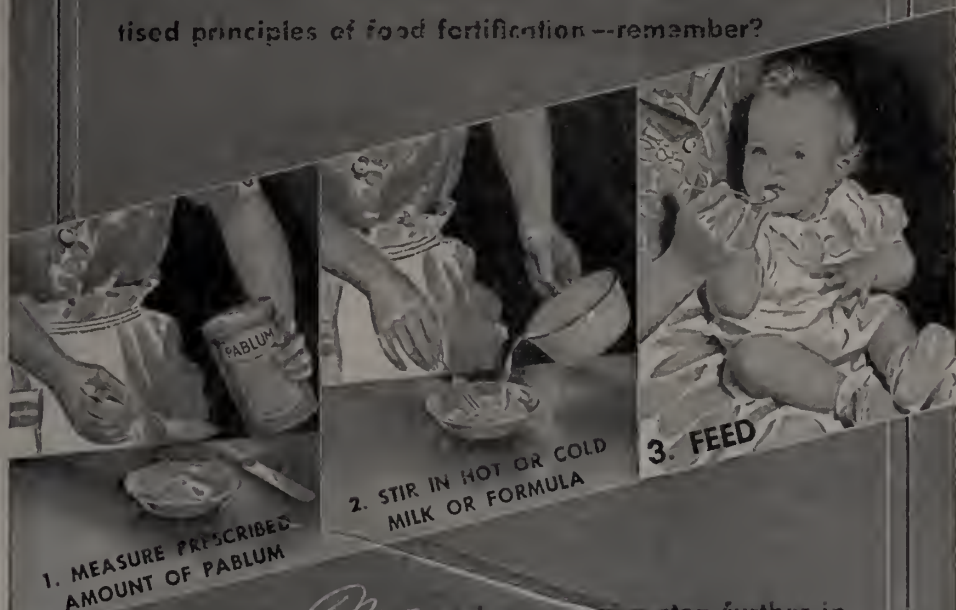
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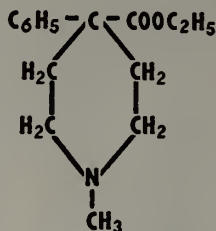
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Medical School Notes



ROSENGARD

At a quarter past five in the afternoon of Wednesday, May 3, the Vanderbilt soldiers of the A.S.T.P. marched onto the turf of the Medical School quadrangle for a special "retreat" ceremony. This weekly military exercise is usually held on Friday afternoon and attends the lowering of the flag atop Building A.

The additional midweek gathering marked the farewell of the group to their Commanding Officer, Major Jerome L. Rosengard. Formerly on the surgical staff of the University of Illinois Medical School in Chicago, Major Rosengard arrived here in September, 1943, to take over the duties of Captain Russell Fairbanks as Commanding Officer of Co. "D". During the past eight months Major Rosengard, with the aid of 1st Sgt. Potter, the enlisted assistant in the department, has piloted the military life and supervised the barracks discipline of the Vanderbilt Company.

That he has done this well and earned the gratitude and respect of his charges was eloquently bespoken by the ceremony given for him and by the presentation of a watch. The watch is said to be a spectacular time piece involving all the salient features of a chronometer, alarm clock and stop-watch; we hope it will serve him well in his next assignment, which is at the reconditioning and rehabilitation center at Camp Devens.

SNYDER

The successor to Major Rosengard is Major Charles T. Snyder of New York. A graduate of New York University, Major Snyder was, prior to his enlistment in the Army, a member of the obstetric and gynecologic staff of Cornell University Medical School, a position he has held since

1927. His hospital position prior to his enlistment in the Army was as Assisting Attendant Gynecologist and Obstetrician to the New York Hospital.

Major Snyder has been in the Army for three and a half years, having been a member of a National Guard Unit which was activated at that time. For two years he was the surgeon of a field artillery regiment stationed at Fort Ethan Allen in Vermont. During the two years in which he occupied this position he was on maneuvers constantly for thirteen months in various parts of the country, living under canvas continuously throughout that period. He was the surgeon for the 4th WAC Training Center for five months at Camp Devens, and then became Executive Officer of the station hospital there, Chief of the Medical Service, and Medical Inspector.

This civilian and military background will serve Major Snyder well in his new position as Commanding Officer of the A.S.T.P. Unit at the H. M. S. However, unless that venerable institution becomes co-educational, we doubt that he will have to employ any of the talents developed while surgeon for the 4th WAC Training Center.

The 306 soldiers of Co. "D" who are now under his command include men in all four "years" of their medical training. Those in their first two years of medical school have just completed a two weeks' furlough which began on May 5 and lasted until May 22. On their return they commenced the studies of their second half year. The third and fourth year students have vacations at various times according to their schedule, but, as has been the case ever since the Army and Navy took over, there are no summer vacations in the old-fashioned sense of the word.

PHARMACOLOGY

Of great interest at present is the discovery by Dr. Edwin B. Astwood, who holds a joint appointment in the Department of Pharmacology and in the Department of Medicine, that an organic compound related to thiourea can so inhibit thyroid function in human thyrotoxicosis as to carry considerable potentialities for future usefulness in the treatment of hyperthyroidism. Thiouracil, as this drug is termed, was selected by Dr. Astwood from a large series of compounds which he studied in an effort quantitatively to evaluate their goiterigenic action upon the thyroid gland, and their inhibitory effect on thyroid hormone production. Thiouracil showed greater potency and less toxicity than any of the other drugs in the group studied, and therefore was selected as the drug most likely to succeed as a means of altering human thyroid function.

This discovery, like many recent advances in therapeutics, came as the offspring of laboratory work done by other investigators of past decades studying goiterigenic compounds and culminating in the observation that sulfaguanidine (MacKenzie, MacKenzie, and MacCollum) and phenylthiourea (Richter and Clisby) are goitrogenic agents. Like other therapeutic innovations, the treatment of hyperthyroidism with thiouracil has rapidly procreated a whole litter of clinical and theoretical investigations. Rumor has it that in selecting the program for a recent medical research meeting, the program committee had to select a paper on thiouracil from no less than forty papers submitted by as many different groups of investigators and clinics. Here in Boston the clinical aspects of the drug are under investigation by Dr. Astwood himself at the Peter Bent Brigham Hospital as well as by Dr. Means and the Thyroid Clinic at the Massachusetts General Hospital, by Dr. Williams of the Thorndike Memorial Laboratory of the Boston City Hospital, and by Dr. Bartels of the Lahey Clinic.

Late in April the American College of Physicians held a post-graduate course in internal medicine here in Boston. One day, at the Massachusetts General Hospital, was devoted to the thyroid. Of this day, the entire morning was taken up with discussions of thiouracil by Dr. Astwood and others, covering the pharmacology, medical and surgical applications of the compound, and its histological and metabolic effects. When one stops to reflect that this drug was first used widely in the treatment of thyroid disease less than one year ago, it is clear that although research moves forward rapidly, the blood-hounds of the clinician are baying not far behind.

ASTWOOD

Dr. Edwin Bennett Astwood came to Harvard as Assistant Professor of Pharmacotherapy in 1940. A native of Hamilton, Bermuda, his medical career prior to his arrival at Harvard included experience and investigation in a wide variety of fields. He received his medical degree from McGill in 1934 and interned at the Royal Victoria Hospital in Montreal during the ensuing year. He then went to Baltimore and became a Fellow in the Surgical Pathological Laboratory, a position which he occupied for two years. In 1939 he came to Harvard and worked in Cambridge under Professor Hisaw in endocrinology, and received a Ph.D. from the Biology Department.

He then returned to Johns Hopkins and made a quick change from the theory of female gonadal and gonadatropic hormones to the delivery of the end-products of this endocrine system. In other words, he became an Associate in Obstetrics and Assistant Obstetrician at the Johns Hopkins Hospital. His experience as *accoucheur* was interrupted by his appointment to Harvard in 1940.

This interesting and varied training has now at least temporarily been centralized on his study of thiouracil and its relatives, a field of investigation still in its infancy, but scarcely conceived at the time of Dr. Astwood's arrival in Boston.

VINCENT

Two years ago this spring, on February 1, 1942, the Vincent Memorial Hospital officially transferred its scene of activities from its former building on South Huntington Avenue to the seventh and eighth floors of the George Robert White Building, Massachusetts General Hospital. With this transfer, an active gynecological service under Dr. Joe V. Meigs, Clinical Professor of Gynecology, became readily available for the teaching of medical students.

For twenty-two years prior to that time the Vincent Hospital had carried forth its work in its own building, caring for the gynecological ills of those who could not afford private care. However, like so many other smaller hospitals, the passage of time made it increasingly difficult to give adequate surgical care in a small isolated institution. The laboratory facilities, X-ray equipment, operating room staff, and social work of a big hospital became essential.

Therefore, the west wing of the seventh and eighth floors of the George Robert White Building were set aside to accommodate the patients of the Vincent Memorial Hospital until such time as that hospital could erect a building of its own on the grounds of the M. G. H. In the two years since, the Vincent Hospital has been extremely active, and the scope of its activities has been more than doubled, as evidenced by the statistics available on its accomplishments.

During the sojourn at 125 South Huntington Avenue the largest number of admissions in any year was in 1929 when 392 patients were admitted and 332 patients were operated upon. The smallest year during this period was in 1919 when 154 patients entered the hospital and 136 came

to operation. In contrast to these figures, during the first year at the Massachusetts General Hospital, there were 618 admissions and 519 operations. During the second year of occupancy at the M. G. H., ending February 29, 1944, this figure rose to 657 admissions and 551 operations.

The Vincent patients are admitted to their wards and studied by the fourth year medical students just as are the patients on the general surgical services. They are seen by the surgical resident staff, who perform most of the operations. Once a week, Thursday afternoons at four, Dr. Meigs is in charge of a two-hour session at which various problems, diagnostic procedures, and therapeutic possibilities for the patients are reviewed and discussed. At this meeting the medical students are welcome, and usually several are present. Prior to admission and following discharge the patients are seen in the Out-Patient Clinics of the M. G. H. where their problems and results can be studied by the third year students having their third year surgery in that department.

By this arrangement the medical students gain some familiarity with gynecology while taking their fourth year course in general surgery. Dr. Meigs feels strongly that to divorce gynecology from general surgery would deprive those training in general surgery of technical experience derived from gynecology, and that gynecology, if separated from its parent specialty, would lose much of value in technique and in concepts of general surgical pre- and postoperative care.

ANNUAL MEETING

For details of the annual meeting and dinner in Chicago on June 14 see Page 129.



A South Pacific Log

CAPTAIN HOWARD B. SPRAGUE, '22

As a matter of interest to the Harvard Medical School Alumni, your Editor has suggested that I might write for the *BULLETIN* an account of the experiences of some of us in the Naval Service during our tour of duty in the Pacific. As the first of our outfit to have the good fortune to get back for a bit of shore duty in the United States, I submit the following report.

The medical officers of the United States Navy Mobile Hospital — were ordered to Brooklyn to organize this Unit for overseas duty in June, 1942. The Harvard Medical School members had been on active duty since December, 1941 and were Lieutenant Commander C. I. Johnson, Lieutenant Commander Harrison Kennard, Lieutenant Commander Francis T. Hunter, Lieutenant Sylvester McGinn, Lieutenant J. T. B. Carmody, and myself. Lieutenant Carmody was promoted to Lieutenant Commander shortly before we sailed.

For a hot and restless month, we lived between Manhattan and the Brooklyn Supply Depot, checking enormous lists of material, learning shipping codes, being reinoculated and revaccinated, examining personnel, and guessing where we were going. With but a few days notice, our Commanding Officer was replaced by Captain F. P. Keaney, (MC) USN, and we were ordered to depart by troop train from the Pennsylvania Station on July eleventh. By the most devious routes, we wriggled our way in overpowering heat across the Continent to San Francisco where we collapsed at last into bath tubs and clean underwear. Charlie Johnson, Syl McGinn and I, with two others, took a non-stop trip by Ford to the Yosemite, climbed

Half Dome and drove back to San Francisco the same day. Shortly thereafter, on July twenty-third, we went aboard a large, fast transport and without convoy crossed about seven thousand miles to New Zealand in thirteen days. The ship carried a large number of army troops, so many, in fact, that only our Naval Hospital personnel and the Army Officers and nurses could be properly initiated on crossing the Line. What the ceremony lacked in quantity was made up on quality with baptisms of cold salt water, electric shocks, nauseous draughts, and gluteal hematomata.

Wellington, New Zealand, was recovering from a severe earthquake when we arrived and navigation of the streets in a complete blackout over the rubble was a bit difficult. We landed the day the Marines invaded Guadalcanal. It is hard now to realize the tenseness of the South Pacific at that time but this was the first American offensive action and even in New Zealand, fifteen hundred miles away, we were wondering and hoping, and frankly worried. Until the Naval battles of the middle of November, the situation was dubious, the possibilities depressing.

Our Naval Hospital personnel, without supplies or equipment, were ordered to take over a New Zealand Army convalescent hospital which was in the process of construction. It was a considerable distance from the city up a river valley. The season was cold and rainy, the area muddy, most of the buildings unheated, and there were no facilities for surgery, x-ray, or indeed for housing patients after billeting our own ship's company. Here, however, the ingenuity of the sailor, and the adaptability of the doctor had their opportunities. The New Zealand constructors also hurried their building even in the face of the necessity for morning tea, mid-morning tea, lunch, afternoon tea, and just plain tea. During the next month we equipped and prepared the hospital. Two weeks after

Editor's Note: Capt. Sprague has returned to this country after an extended period in the Pacific; now on duty at U. S. Naval Hospital at St. Alban's, Long Island, he has prepared this account for the *BULLETIN*.

we landed, the ship with our portable buildings, supplies, drugs, and all-manner of hospital equipment arrived and we unloaded it ourselves, first getting ashore an immense quantity of supplies for our troops in the islands and material consigned to New Zealand, such as sheet steel, submarine nets, barbed wire, galvanized iron, and net buoys. For ten days, around the clock, doctors, corpsmen, marines and a few dock workers labored against time and necessity.

On September 8, 1942, the second shipload of wounded from the Solomon Islands arrived by hospital ship and we brought them out to the hospital by train. I went aboard the ship and personally assigned each patient to the proper ward to make the evacuation as speedy as possible. I had no premonition that, almost fifteen months later, I should be standing on the quarter-deck of the same hospital ship in the Gilbert Islands assigning to bunks the wounded men from Tarawa.

The first patients evacuated from Guadalcanal to New Zealand were taken to the Naval Hospital in Auckland. Hap Kennard, who was temporarily assigned there on our arrival, had cared for some of them, and his experience helped us to be ready for the type of wounds, the burns, and the fractures which we received. The original care had, of course, been given at the advanced stations and on the ship, but there was plenty of work left to do before decisions about possible salvage or evacuation of these men could be arrived at.

This was our work for the next six months. We repaired, we classified, we evacuated to the United States, we returned men to duty. Mostly, we watched the campaign through the eyes of the wounded. We agonized when we learned about the loss of our ships, the narrow margin of our supply struggle, the growing menace of malaria, the mounting load of our neuropsychiatric cases from the Army. But each battle was won and the country became less fearful, the blackout relaxed, and instead of wounded men, there came to us Marines by the thousands with combat

fatigue, malaria, and exhaustion. A year ago, these were my major problems. As proof that they also have been overcome, we now have the victories of the Central Pacific with landings made by these same men from the jungle battles of the Solomons.

As the Spring of 1943 came on and the battles moved further away, we all wondered what next and now, almost another year later, only Syl McGinn remains at the hospital which in March, 1943, was redesignated a Naval Base Hospital. From July, 1942 to January, 1943, I was the Chief of Medicine and thereafter, the Executive Officer. I was fortunate in getting my persistent wish fulfilled as, on August 7, 1943, one year to the day, after arriving in Wellington I was detached and sent by air to join a hospital ship. The trip of about one thousand miles in a land plane over the sea to New Caledonia was stimulating as the weather was foul with icing of the wings, heavy winds, and thick storm clouds. The descent into the jungle of New Caledonia was into a new, hot, dusty, busy world. Some day the unbelievable story of Noumea will be told but that transformation of a sleepy, tropical French Colony into an important South Pacific naval establishment should be described by one who really knew and saw the island before the war.

Here I joined the ship and for several weeks we served as a floating hospital for the fleet. There was considerable consultation work, but the shore hospitals took most of the casualties. Then, one day, the scuttlebutt began to spread around. We were to be on our way. One beautiful morning the hook was actually broken out and we steamed out the opening in the barrier reef, past a place where one of our ships had recently been torpedoed, and headed for the New Hebrides.

In one of the beautiful harbors of the Hebrides we anchored again for several weeks caring for the men of our task forces which came and went in endless searching for the enemy. Here, also, we had time for some of the idyllic South

Sea life but without the Hollywood maidens as anyone knows who has been in Melanesia. Then away again to load with patients at two of our advanced bases and back to New Zealand to evacuate them and go into drydock. Rumors began in earnest and our boldest hopes were answered when we finally headed Eastward by way of Fiji, Samoa and Honolulu. There, certainly, we expected to stop but orders came to carry on to San Francisco which we reached in early November. We bore with us a congratulatory message from Admiral Nimitz on a mission well performed by the ship beginning with her first combat experience at Pearl Harbor.

Commander L. K. Ferguson, Chief of Surgery, and I, Chief of Medicine, had received orders to be detached when our reliefs arrived but in San Francisco we learned that shortly before they had left to find us in the Pacific and in two days orders came to shove off once more to the west. Knowing, as we shortly did, that we were to be in the Central Pacific offensive, Fergy and I were secretly glad that our reliefs were not in San Francisco but I doubt if we would have dared to tell our wives. One can judge the immensity of the Pacific only by steaming, as we did, for almost two weeks, without seeing ship, or land, or light, or plane, and then being only in the middle of the crossing. On secret orders, however, we raised one morning the palm trees of an atoll in the Gilbert Islands about twenty minutes bomber run from Tarawa. The island was being shelled by one of our ships but it was the day of the final mopping up and no Jap resistance was evident. Here we met a large force of transports with combat ship protection and here, on a beautiful, sunny, cool day we transferred at sea the worst of the wounded from Tarawa. When this

was completed the task force faded away leaving us alone to find our way home with the patients.

Crossing the Line again was old stuff now as we had crossed it five times in a month.

The weather grew rather breezy and the ship pitched heavily. You may imagine operating on seriously wounded patients when the ship has to be almost stopped because of rough weather. Patients must be secured to tables, instruments and solution basins slide around, inexperienced personnel are seasick, the surgeon balances himself in the motion of the ship, and all sorts of two dimensional activities develop a third axis of movement. Still the work was remarkably well done. Thirty-five operations were performed in the first twenty-four hours. Of that shipload of gravely wounded, less than one per cent died on the way to Honolulu, and most were out of danger when we arrived.

Ferguson and I were detached at Hawaii and flew to San Francisco on the Clipper, another magnificent trip. After a short leave, we met again as Chief of Surgery and Medicine at the United States Naval Hospital, St. Albans, New York. Here we have four thousand patients to worry about. We have been promoted to Captains but, fortunately, can continue clinical work. Charlie Johnson, I hear, has also been made a Captain and should be on his way home soon. Hunter, Carmody, and Kennard are Commanders, and McGinn is a Lieutenant Commander. The selection boards have done very well by this Harvard Medical School, or Boston group, as all have been promoted.

We still wonder what is ahead, but anyway, it will be different from the South Pacific in 1942.



A Pediatrician Becomes Physician to an American Group Interned in Germany

DR. HAROLD C. STUART.

On November 8th, 1942, while I was serving as Medical Adviser to the American Red Cross in Unoccupied France, in connection with its distribution of milk to children, the Vichy French Government broke diplomatic relations with the United States. The personnel of the American Red Cross, together with other relief workers in France and the United States foreign correspondents in Vichy, joined the Embassy and Consular staffs to form the "Official American Group." This group was held in detention by the Vichy Government in Lourdes, France, from November 11, 1942, to January 10, 1943, awaiting completion of negotiations for exchange. On the latter date the German Government took the Americans out of the hands of the French and four days later transported them to Baden Baden in southwest Germany, where they were held in detention for more than thirteen months. The group as finally constituted was made up of ten children and one hundred and thirty-eight adults, of whom a slight majority were men. One infant was born into the group late in the stay at Baden Baden and one death occurred at Lourdes.

I was asked to provide such medical care as conditions permitted and to advise on all matters pertaining to health, and was most fortunate in having the able assistance of a trained nurse who was attached to the American Red Cross staff interned with me. Having gone to France by Clipper in an advisory capacity, I found myself in Lourdes with only a stetho-

scope and flash-light and a few medications. A reasonable stock of simple remedies was soon acquired from American Red Cross personnel supplies, gifts or loans from others in the group and purchases at a local pharmacy. The president of the Council of Medicine at Lourdes offered in behalf of his colleagues such assistance as was available, but pointed out the limitation of facilities and the pressure of work. Fortunately, only one emergency arose during our stay in Lourdes, and prompt surgical assistance was given in this instance at a small clinic. Owing to complications, however, this patient was not able to go to Baden Baden with the group and died at Lourdes nearly a year later. In Lourdes members of the group were housed in four small hotels and I was permitted to go freely between these hotels for medical purposes until the Germans established military control shortly before our departure.

On arrival in Baden Baden we were all housed in one large hotel and fully realized that our stay would be a long and indefinite one. I therefore tried to equip my room to serve more adequately as an office, but with few exceptions my attempts to secure diagnostic and therapeutic equipment were not successful. Certain private practitioners were interviewed and offered to be of assistance when urgently needed and contact was established with the local municipal hospital. As time passed I relied more and more upon the hospital when I needed help and I was allowed to go to the hospital without Gestapo escort whenever I had a patient there, as a very exceptional privilege. Except for having a local laboratory examine a urine specimen or securing an X-ray examination at the hospital when urgently needed, laboratory diagnosis had to be dispensed with. Very useful medical pack-

Editor's Note: Dr. Stuart, Assistant Professor of Pediatrics and Child Hygiene at the Harvard Medical School and the Harvard School of Public Health, recently returned from Baden Baden on the "Gripsholm", has given us this account of his experiences while interned in Germany.

ages were received from the British Red Cross, and later "First Aid" packages came from the American Red Cross, and essential drugs could be purchased at a good local pharmacy. One of my greatest difficulties was not having or being able to secure any medical books except one very elementary text-book in German. Not knowing what drugs were available and what proprietary medicaments were in common use in Germany, coupled with a restricted knowledge of German, made the writing of prescriptions very difficult and many were returned unfilled, regardless of whether written in English, German, Latin or a combination of the three. So it is understandable that I became a great believer in "simple remedies" and reverted to the custom of dispensing medicines in my office. However, "sulfa" drugs were available and after a time I was able to secure small quantities of narcotics. The physicians at the hospital with whom I had frequent contact were most helpful in this connection both by writing prescriptions for me and by providing needed materials from their limited stocks. A very useful book secured late in my stay was the "Reichs Formeln", a national formulary of prescriptions in common use standardized to promote accuracy, economy and simple ordering by name and number. One birth took place two months before leaving Baden Baden, the delivery occurring at the hospital under most favorable conditions. An excellent mid-wife was in attendance, aided by a surgeon well qualified in the obstetrical field. Everything possible was done by the authorities to assure that there would be no cause for complaint in this situation, and the baby thrived in spite of a trying journey across Europe during his third month, when we all left Germany for home.

The medical problems encountered in Baden Baden were more numerous than might have been expected under more normal circumstances due to the high incidence of rheumatic manifestations, digestive disorders, neuro-circulatory or

psycho-somatic disturbances, athletic injuries and a variety of conditions requiring surgery. Except for one short but quite widespread epidemic of influenza and occasional waves of other respiratory illnesses, infectious diseases were very rare. The exceptional amount of medical and surgical attention required by the group can be explained in part on the basis of unsatisfactory living conditions in France or neglect of matters requiring attention before internment, in part by the stresses of internment or the abnormal mode of life adopted under these circumstances, and in part by the excessive attention to matters of health due to lack of occupation or absorbing interests.

The climate of Baden Baden was, as a local physician put it, "Good for rheumatism; if you don't have it when you arrive you are quite certain to develop it." Many of the group, young and old, did develop one manifestation or another of rheumatism. The diet offered by the hotel where we stayed was liberal in comparison with that provided for the general population, but it was lacking in several respects, and was poorly balanced from the American point of view. The principal sources of calories were coarse high-residue bread, potatoes and inferior tuberous vegetables. Much of the food was of inferior quality, over-cooked or otherwise poorly prepared, and the residue content as a whole was extremely high. So it is not surprising that the medical problems referable to diet were rarely manifest as nutritional deficiencies (other than inability to maintain weight), but were usually digestive in character. The diet led to a considerable number of acute digestive disturbances, and several people continued to have chronic indigestion. Four people had come to Germany with stomach ulcers and several more with other types of chronic indigestion, and these cases were soon greatly aggravated. After the American Red Cross food packages arrived these sufferers were considerably relieved because they could omit from their regular diet foods

which were unsuitable, and some of the people who had lost weight during the early weeks regained it. The more severe digestive cases were still further helped after British Red Cross invalid food packages came in April, 1943. Of course the tendency to digestive symptoms may not infrequently have been due, in part at least, to mental and nervous stresses which are referred to below.

The unusual opportunity to think about one's health or to worry about symptoms, imaginary or real, coupled with the anxieties and frustrations of life under abnormal and trying conditions, made the practice of medicine deal in a large part with functional disturbances and psychiatric problems. A variety of vague symptoms, sometimes mild but often startling in character, were shown by a considerable number of people at various times. They seemed to fall under the general diagnosis of neuro-circulatory asthenia, a few being quite typical of irritable heart. Sleeplessness, or sleep which did not refresh; a sense of fatigue without cause for fatigue; dizziness on change from recumbent to erect position; shortness of breath on exertion; palpitation or vague pains referable to the cardiac region; and symptoms referable to an unduly irritable gastro-intestinal tract were the most common manifestations. Coffee seemed to have a greatly exaggerated effect. In any given case, it was hard to be certain that the symptoms were not due to other causes. For example, many people who had taken little exercise for years unquestionably started too abruptly to take long walks and climbs; others who had formerly been relatively active settled down to a sedentary life, rarely leaving the hotel. However, the same symptoms were seen as well among those who had continued their customary activities.

Most of the members of the group were successful in preventing the more violent and outward signs of emotional instability, but exaggerated responses to trivial incidents, reversion to childish behavior, or withdrawal for protracted periods into in-

dividual solitude were common occurrences indicative of disturbed mental or emotional health. Careful observation and medical inquiry usually revealed causes for constant worry or unhappiness and a sense of deep depression on the part of these individuals. I concluded that chronic emotional stress due to anxiety over prolonged lack of news from families, insecurity regarding the present and uncertainty as to the future, as well as frustration when attempting to face any personal problems, caused many of the difficulties encountered. A few individuals had undoubtedly been neurotic before detention, and these became exaggeratedly so under the stresses of internment. Waves of depression seemed to engulf the whole group periodically, often without apparent cause.

Ten operations were performed during the time we were in Germany on members of the group; two by Professor Schmieden at the University Hospital in Frankfurt, and the remainder at the hospital in Baden Baden. At the latter a considerable amount of minor surgery was done as well. I was allowed to go to Frankfurt with my two patients who were operated on there, a high-ranking Gestapo agent being my enforced companion during the entire four-day stay. This trip provided an interesting glimpse of life in Germany and a respite from our usual monotonous existence.

In addition to the care of the sick, the physician to a group in detention has many duties to perform, some of which would not be thought of as within his province. A medical unit had to be organized to be on hand in a first-aid room in the basement during air raids and special arrangements had to be made for the sick under these circumstances. When the tin pan sounded which summoned us below, I usually first arranged for first-aid teams to move the sick to the first floor and to watch over them. I would then go with emergency supplies to the room in the basement where the nurse and a lay assistant would have things in readiness for possible casualties. The contents of the in-

valid food packages received from the British Red Cross were distributed by me or on my order to those whose health required them. I found this a difficult and unpleasant assignment as the quantities available were relatively small and the foods included were much sought after. Authorization for service of meals in rooms because of illness also had to be secured from me. Leading spirits in the group quickly organized courses under what was called "Badheim University" and the activities of this University occupied a large portion of the time of a majority of the people, young and old. The children got their entire schooling in this way and under a Department of Physical Education which I headed, they obtained both physical training and organized sports. I also served as Dean of Men, gave courses in Anatomy and Physiology, Endocrinology and Vitamins, as well as several evening lectures on medical and public health subjects. Needless to say, I was also enrolled as a student in several classes.

The physicians, surgeons and nurses at the hospital in Baden Baden were working under many handicaps, but they never failed to afford me every professional courtesy. It is an interesting indication of the shortage of physicians for the civilian population of Germany that of seven with whom I dealt personally, five must have been seventy years of age or older. Dr. Schmeiden, the vigorous and very active Professor of Surgery at Frankfort, celebrated his seventieth birthday while I was in Germany, and the heads of both medical and surgical divisions at the Baden Baden hospital were probably of the same age. One of the two younger men with whom I dealt, and my principal support on many occasions, especially in connection with the birth of the baby already referred to, was a Frenchman. He had been at the University of Strassbourg at the time of the fall of France and was working in Germany under compulsion, as were many physicians from occupied countries.

Considering the circumstances, I felt

that very creditable medicine and surgery were being practiced at the hospitals which I visited, but this does not mean that pre-war medical standards have been maintained. Preventive medicine as applied to the individual has been very markedly curtailed, elective surgery is most difficult to secure, dental care has been reduced to urgent work only, and medical attention for minor complaints is generally discouraged. The complete physical examination and written case history and most laboratory diagnostic aids have been to a large degree dispensed with. The doctors complain of the number of patients they must see and especially of the amount of paper work required in connection with insurance policies covering medical care. Owing to legal restrictions as to the size of physicians' fees and the small premiums paid for medical or surgical care under insurance policies, which apparently provide a major portion of all medical care, it would seem to be impossible to give thorough care according to our standards and still make a living. The full time hospital physicians who receive salaries from the State or municipality are required to carry such a heavy load that speed in their work appears to be essential.

While we were there, Baden Baden was becoming an important centre for the re-education of permanently disabled German soldiers, particularly for those who had lost arms or legs. On our group walks we often saw numbers of these men either exercising in the park or receiving physical training on the grounds of the numerous hotels or homes converted for their use. Neither these men nor others in Germany showed any resentment towards us as Americans when we encountered them in public, even after heavy raids by American bombers. We were rather the objects of unending curiosity. From all indications which we could observe, the morale of the German people was still excellent when we left and the discipline of all classes seemed to be well maintained.



Military News



The following list brings the Harvard Medical School graduates in the service up to 1583. The * denotes change in rank or station. Lack of space makes it impossible for us to publish in each issue anything but the changes and the new names. The Alumni Office would appreciate additions or corrections.

1912

*Major Alvah S. Miller, Army, A.P.O. 137, New York, N. Y.

1915

*Lt. Col. Sydney V. Kibby, Army, Veterans Adm., 340 Bd. of Trade Bldg., Kansas City, Mo.

1916

*Major Edward Harding, Army, A.P.O. 464, New York, N. Y.

*Major Frank W. Hodgdon, Jr., Army, Birmingham Gen. Hosp., Van Nuys, Calif.

*Col. Thomas H. Lanman, Army, A.P.O. 137, New York, N. Y.

1918

*Major Douglas Donald, Army, A.P.O. 422, New York, N. Y.

*Comdr. John R. Marshall, Navy, U. S. Naval Hosp., Shoemaker, Calif.

*Capt. James B. Moloney, Navy, Navy 140, F.P.O., San Francisco, Calif.

1921

*Lt. Comdr. Charles B. Blaisdell, Navy, F.P.O., San Francisco, Calif.

*Col. Augustus Thorndike, Jr., Army, Office of Surgeon General, Washington, D. C.

1922

*Comdr. Edwin B. Dunphy, Navy, Navy 100, F.P.O., New York, N. Y.

*Capt. David H. Flashman, Army, Camp Chaffee, Ark.

*Lt. Comdr. Walter S. Levenson, Navy, F.P.O., San Francisco, Calif.

*Major Kenneth L. MacLachlan, Army, Gen. Hosp., Camp Lee, Va.

*Comdr. Edward C. Smith, Navy, Navy 115, F.P.O., New York, N. Y.

*Comdr. Horace P. Stimson, Navy, F.P.O., San Francisco, Calif.

*Major William P. Van Wagenen, Army, Cushing Gen. Hosp., Framingham, Mass.

1923

*Comdr. Mark L. Gerstle, Jr., Navy, U.S.N.R.S., Los Angeles, Calif.

*Capt. Paul E. Spangler, Navy, F.P.O., San Francisco, Calif.

*Lt. Col. Roy G. Spurling, Army, A.P.O. 871, New York, N. Y.

*Comdr. Channing S. Swan, Navy, Navy 156, F.P.O., San Francisco, Calif.

1924

*Capt. James M. Faulkner, Navy, overseas

*Lt. Comdr. Robert N. Ganz, Navy, Navy 103, F.P.O., New York, N. Y.

*Comdr. Raymond H. Goodale, Navy, U. S. Naval Hosp., New Orleans, La.

*Comdr. Charles T. Hunter, Navy, Naval Rec. Sta. No. 3, Norfolk, Va.

*Comdr. Francis T. Hunter, Navy, U. S. Naval Hosp., Chelsea, Mass.

*Comdr. J. Lester Kobacker, Navy, Navy 152, F.P.O., San Francisco, Calif.

*Major Morris E. Missal, Army, AAF Regional Sta. Hosp., Langley Field, Va.

*Comdr. Stewart Ross, Navy, F.P.O., New York, N. Y.

*Lt. Comdr. James L. Smead, Navy, Navy 168, F.P.O., New York, N. Y.

*Major John S. Walsh, Army, Veterans Adm. Hosp., Saratoga Springs, N. Y.

1925

*Comdr. Robert R. Baldridge, Navy, Navy 814, F.P.O., New York, N. Y.

*Major Herbert H. Darling, Army, A.P.O. 113, New York, N. Y.

*Capt. James R. Fulton, Navy, F.P.O., San Francisco, Calif.

*Comdr. Henry W. Hudson, Jr., Navy, Navy 814, F.P.O., San Francisco, Calif.

*Major John F. Kellogg, Jr., Army, A.P.O. 137, New York, N. Y.

*Comdr. John P. Macnie, Navy, F.P.O., San Francisco, Calif.

*Comdr. George E. May, Navy, Receiving Sta., Boston, Mass.

*Major Norman B. Murphy, Army, 107th Gen. Hosp., Fort Dix, N. J.

*Capt. Robert S. Palmer, Navy, Navy 168, F.P.O., New York, N. Y.

*Major Floyd R. Parks, Army, Glennan Gen. Hosp., Okmulgee, Okla.

*Lt. Col. Joseph W. Tiede, Army, A.P.O. 515, New York, N. Y.

1926

*Capt. Marc Anthony, Army, Cushing Gen. Hosp., Framingham, Mass.

*Major Burdette J. Buck, Army, A.P.O. 928, San Francisco, Calif.

*Major Henry R. Butler, Jr., Army, Sta. Hosp., Fort Huachuca, Ariz.

*Capt. Abraham J. Lanchner, Army, Sta. Hosp., Camp Chaffee, Ark.

*Comdr. Frank B. Littlefield, Navy, F.P.O., New York, N. Y.

*Col. John W. McKean, Jr., Army, A.P.O. 464, New York, N. Y.

*Lt. Col. Donald McNeil, Army, A.P.O. 9789,
New York, N. Y.

1927

*Comdr. Howard L. Apollonio, Navy, Navy 10,
F.P.O., San Francisco, Calif.

*Major William H. Dunn, Army, A.P.O. 928-
Unit 1, San Francisco, Calif.

*Major Edwin R. Durno, Army, A.P.O. 143,
New York, N. Y.

*Lt. Col. John C. Eckels, Army, A.P.O. 505,
New York, N. Y.

*Capt. Henry L. George, Army, A.P.O. 9826,
New York, N. Y.

*Lt. Comdr. Sherman E. Golden, Navy, U. S.
Naval Hosp., Key West, Fla.

*Capt. Arnold M. Gordon, Army, A.P.O. 763,
New York, N. Y.

*Comdr. David W. Sherwood, Navy, F.P.O.,
San Francisco, Calif.

*Lt. Comdr. Maurice M. Tolman, Navy, Navy
814, F.P.O., New York, N. Y.

1928

*Comdr. John P. Monks, Navy, U. S. Naval
Hosp., Chelsea, Mass.

1929

*Major John E. Brown, Jr., Army, A.P.O. 871,
New York, N. Y.

Lt. Comdr. W. Ronald Frazier, Navy, Naval
Disp., Seattle, Wash.

*Major William F. Hoyt, Army, Glennan Gen.
Hosp., Okmulgee, Okla.

*Major Lendon Snedeker, Army, A.P.O. 394,
New York, N. Y.

*Lt. Col. Arthur L. Streeter, Army, A.P.O. 149,
New York, N. Y.

1930

*Major Clyde H. Foshee, Army, Kennedy Gen.
Hosp., Memphis, Tenn.

*Major Clifford C. Franseen, Army, A.P.O. 322,
San Francisco, Calif.

*Lt. Comdr. Hugh Montgomery, Navy, U. S.
Naval Hosp., Corona, Calif.

1931

*Capt. Albert Hirsheimer, Army, A.P.O. 637,
New York, N. Y.

1932

*Capt. Alan R. Chambers, Army, A.P.O. 253,
New York, N. Y.

*Lt. Marcus E. Farrell, Navy, Naval Med.
School, Bethesda, Md.

*Major Ward I. Gregg, Army, overseas

*Capt. Edward C. Humphrey, Army, A.P.O.
645, New York, N. Y.

*Major Jacob J. Longacre, Army, A.P.O. 230,
New York, N. Y.

Lt. Col. Henry Ross, Army, Stewart Field,
Newburgh, N. Y.

*Lt. Robert Sanderson, Navy, Bur. of Medicine
and Surgery, Washington, D. C.

*Lt. Col. Charles E. Walker, Jr., Army, A.P.O.
696, New York, N. Y.

1933

*Capt. Bradford Cannon, Army, Valley Forge
Gen. Hosp., Phoenixville, Pa.

*Lt. Palmer R. Kundert, Navy, F.P.O., San
Francisco, Calif.

*Comdr. Robert L. Thomas, Navy, F.P.O., San
Francisco, Calif.

1934

*Lt. Robert H. Barker, Navy, F.P.O., San Fran-
cisco, Calif.

*Capt. Lewis L. Huston, Army, England Gen.
Hosp., Atlantic City, N. J.

*Major Harold L. January, Army, A.P.O. 503,
New York, N. Y.

*Major James A. Moore, Army, A.P.O. 928, San
Francisco, Calif.

*Major Garrett L. Sullivan, Jr., Army, A.P.O.
464, New York, N. Y.

1935

*Major James B. Campbell, Army, A.P.O. 321,
San Francisco, Calif.

*Major John H. Grindlay, Army, McGuire Gen.
Hosp., Richmond, Va.

Lt. Leslie G. Kindschi, Navy, F.P.O., San Fran-
cisco, Calif.

*Major Cornelius Olcott, Jr., Army, Office of
Surgeon, F.P.O., San Francisco, Calif.

*Lt. John J. Shields, Army, A.P.O. 980, Seattle,
Wash.

*Lt. Comdr. George P. Whitelaw, Navy, Pre-
Flight School, Chapel Hill, N. C.

1936

Lt. Edward M. Barron, Army, 4th Service Com-
mand, Atlanta, Ga.

*Major Gerald J. Carlin, Army, A.P.O. 871,
New York, N. Y.

*Capt. Donald R. Hayes, Army, Sta. Hosp.,
AAB, Lincoln, Nebr.

Major George L. Maltby, Army, Ashford Gen.
Hosp., W. Va.

*Capt. John C. McGirr, Army, Sta. Hosp., AAB,
Sioux Falls, Iowa

Lt. John J. Papera, Army, A.P.O. 638, New
York, N. Y.

1937

*Lt. Col. John A. Booth, Army, Drew Field,
Tampa, Fla.

*Lt. Comdr. Roald N. Grant, Navy, Bur. of
Medicine and Surgery, Washington, D. C.

*Major David McL. Greeley, Army, A.P.O. 887,
New York, N. Y.

*Major Joseph W. Johnson, Jr., Army, Gen.
Hosp., Camp Forest, Tenn.

Lt. John A. Sandmeyer, Army, A.P.O. 645, New
York, N. Y.

*Lt. Col. Walker Stamps, Army, A.P.O. 183,
Los Angeles, Calif.

1938

- *Capt. Chilton Crane, Army, A.P.O. 928, % 321, San Francisco, Calif.
- *Capt. Homer H. Hunt, Army, Ream Gen. Hosp., Palm Beach, Fla.
- *Capt. John J. Kneisel, Army, A.P.O. 923, San Francisco, Calif.
- *Capt. Robert V. Lorimer, Army, A.P.O. 508, New York, N. Y.
- *Capt. Dauchy Migel, Army, A.P.O. 928, San Francisco, Calif.
- *Lt. Herbert S. Sise, Navy, F.P.O., San Francisco, Calif.

1939

- *Capt. James C. Fisher, Army, A.P.O. 15050, San Francisco, Calif.
- Lt. Jose R. Gonzalez, Army, A.P.O. 853, New York, N. Y.
- *Capt. Luther R. Lewis, Army, A.P.O. 307, New York, N. Y.
- *Lt. Comdr. William M. McGaughey, Navy, Naval Med. Center, Bethesda, Md.
- *Lt. (j.g.) Howard B. Reed, Navy, U. S. Merchant Marine Acad., Kings Point, N. Y.
- *Capt. William L. Riker, Army, A.P.O. 928-Unit 1, San Francisco, Calif.
- *Capt. Robert A. Scribner, Army, A.P.O. 322-Unit 1, San Francisco, Calif.
- *Lt. Robert S. Srigley, Army, Lawson Gen. Hosp., Atlanta, Ga.

1940

- *Capt. Alfred J. Berger, Army, A.P.O. 122, New York, N. Y.
- *Lt. Thornton Brown, Navy, Training Center, Camp Lejeune, New River, N. C.
- *Lt. (j.g.) Douglas E. Butman, Navy, Navy 416, F.P.O., New York, N. Y.
- *Lt. Charles F. Chandler, Navy, Sch. of Aviation Medicine, Pensacola, Fla.
- *Capt. Franklin C. David, Army, A.P.O. 493, New York, N. Y.
- *Lt. (j.g.) Franklin K. Fite, Navy, U. S. Marine Hosp., Norfolk, Va.
- *Capt. Edwin G. Grafton, Jr., Army, Flying Training Detachment, McBride, Mo.
- *Capt. William A. Greene, Jr., Army, A.P.O. 230, New York, N. Y.
- Lt. Howard M. Hackedorn, Army, Carlisle Barracks, Pa.
- *Lt. Charles P. Haseltine, Navy, F.P.O., San Francisco, Calif.
- *Capt. Carl A. Hedblom, Army, A.P.O. 928, San Francisco, Calif.
- *Capt. Willard T. Hill, Army, A.P.O. 851, Miami, Fla.
- *Capt. Nathaniel B. Kurnick, Army, A.P.O. 456, San Francisco, Calif.
- *Capt. Hugh A. MacMillan, Jr., Army, A.P.O. 534, New York, N. Y.
- *Capt. Hugh H. Mills, 2nd, Army, A.P.O. 378, New York, N. Y.

- *Lt. John McL. Morris, Navy, F.P.O., San Francisco, Calif.
- *Lt. Edward M. Ohaneson, Navy, F.P.O., San Francisco, Calif.
- *Capt. Arnold Porter, Army, A.P.O. 813, New York, N. Y.
- *Capt. Oral H. Stone, Army, A.P.O. 9680, New York, N. Y.
- Lt. Donald N. Sweeny, Jr., Army, Army and Navy Gen. Hosp., Hot Springs, Ark.

1941

- *Capt. John D. Allen, Jr., Army, Air Surg. Branch, AAF-TAC, Orlando, Fla.
- *Capt. Simpson S. Burke, Jr., Army, Port. Surg. Hosp., Camp Livingston, La.
- *Capt. Franklin Carter, III, Army, A.P.O. 629, New York, N. Y.
- *Lt. (j.g.) Max G. Carter, Navy, Spc. Nav. Constr. Bn., Port Hueneme, Calif.
- *Capt. Perry J. Culver, Army, Sta. Hosp., Maxwell Field, Ala.
- *Lt. Robert C. Cussler, Army, A.P.O. 638, New York, N. Y.
- *Lt. Samuel L. Feder, Army, A.P.O. 961, San Francisco, Calif.
- *Lt. Albert J. Finck, Army, A.P.O., New York N. Y.
- *Lt. Ivan DeR. Frantz, Jr., Navy, F.P.O., New York, N. Y.
- *Capt. Wesley L. Furste, Jr., Army, A.P.O. 488, New York, N. Y.
- *Lt. (j.g.) Robert S. Grier, Navy, F.P.O., New York, N. Y.
- *Lt. (j.g.) Charles H. Hamlin, Navy, F.P.O., New York, N. Y.
- *Capt. Paul V. Harper, Jr., Army, Amarillo AAF, Amarillo, Tex.
- *Lt. Egbert M. Hayes, Navy, Navy 117, F.P.O., New York, N. Y.
- Lt. (j.g.) Robert G. Heskett, Navy, Klamath Falls Marine Base, Ore.
- *Lt. Bert A. Kanwit, Navy, U. S. Naval Hosp., Philadelphia, Pa.
- Lt. Andrew Kerr, Jr., Army, Army and Navy Gen. Hosp., Hot Springs, Ark.
- *Capt. Peter H. Knapp, Army, Deshon Gen. Hosp., Butler, Pa.
- *Capt. John S. Marietta, Army, Gen. Hosp., Ft. Jackson, S. C.
- *Lt. Carl H. McLaughlin, Army, Regional Hosp., AAF, Caspar, Wyo.
- Lt. John G. Mebane, Army, Box 8, Newton D. Baker Gen. Hosp., Martinsburg, W. Va.
- *Lt. (j.g.) Woodman B. Pomeroy, Navy, F.P.O., San Francisco, Calif.
- *Lt. (j.g.) John W. Raker, Navy, F.P.O., San Francisco, Calif.
- *Capt. John C. Richter, Army, A.P.O. 308, New York, N. Y.
- *Lt. Joseph Rogers, Navy, F.P.O., San Francisco, Calif.



Members of the Class of March 1943 taken at Camp Barkeley, Tex. Top Row—(left to right) Allen Friedlich, Henry Allen, Logan Jones, Richard Betts, Ernest Craige, Harold Brown. Sitting: (left to right) Charles Kane, Waldo Bird, William Flinn, Rafe Banks, and Dante Campagna-Pinto.

Lt. John G. Sholl, 3rd, Army, Lawson Gen. Hosp., Atlanta, Ga.

*Capt. Sheldon C. Sommers, Army, A.P.O. 464, New York, N. Y.

*Lt. Charles W. Sprunt, Navy, F.P.O., San Francisco, Calif.

*Capt. Francis C. Tucker, Army, A.P.O. 488, New York, N. Y.

*Lt. Thomas L. Young, Navy, F.P.O., San Francisco, Calif.

1942

Lt. Jacob Børnstein, Army, Ft. Bliss, Tex.

Lt. William R. Christensen, Army, Climatic Research Lab., Lawrence, Mass.

Lt. Hollon W. Farr, Army, Hoff Gen. Hosp., Santa Barbara, Calif.

*Capt. Edward C. Lambert, Army, A.P.O. 9494, New York, N. Y.

*Capt. James E. Lewis, Jr., Army, A.P.O. 230, New York, N. Y.

Lt. Charles B. Round, Army, Carlisle Barracks, Pa.

Lt. Robert J. Tracy, Army

Lt. William E. Watts, Army

1943 (March)

Lt. Henry F. Allen, Army, Camp Davis, N. C.

Lt. Rafe Banks, Jr., Army, Evac. Hosp., Ft. Bragg, N. C.

Lt. Richard A. Betts, Army, Hammond Gen. Hosp., Modesto, Calif.

Lt. Frederick H. Brandenburg, Army, Carlisle Barracks, Pa.

Lt. Harold Brown, Army, Sta. Hosp., Indian-town Gap Mill Res., Pa.

Lt. (j.g.) Philip W. Carey, Navy, Camp Lejeune, N. C.

Lt. Harry W. Clatworthy, Jr., Army, Deshon Gen. Hosp., Butler, Pa.

Lt. Richard J. Cundiff, Army, Carlisle Barracks, Pa.

Lt. (j.g.) Harold E. Elrick, Navy, Boston Navy Yard, Mass.

*Lt. William R. Eyler, Army, Woodrow Wilson Gen. Hosp., Staunton, Va.

Lt. Allan L. Friedlich, Jr., Army, Rosecrans Field, St. Joseph, Mo.

*Lt. (j.g.) Arthur J. Graves, Navy, Camp Lejeune, N. C.

Lt. Oscar W. Hills, Army, Baxter Gen. Hosp., Spokane, Wash.

Lt. George T. Hoffman, Army, Camp Bradford, Norfolk, Va.

*Lt. Irving M. London, Army, Percy Jones Gen. Hosp., Battle Creek, Mich.

*Lt. Robert M. Soule, Army, Thayer Gen. Hosp., Nashville, Tenn.

Lt. John C. Trakas, Army, Camp Barkeley, Tex.

*Lt. (j.g.) Chester R. Wiese, Jr., Navy, F.P.O. New York, N. Y.

Lt. Norman Zamcheck, Army, Gen. Hosp., Ft. Devens, Mass.



NEWS FROM THE FRONT



To the Editor:

The current number of the BULLETIN has just reached me "somewhere in the Pacific". We are now in a rest area after our first mission against Japanese territory which was a howling success, as my present copy of *Time* enthusiastically agrees.

By the time this reaches you I shall have completed a year's duty with the Marine Corps, though I am still a medical officer in the U.S.N.R. Whether I shall have Navy duty again before the war ends is anyone's guess. In the meantime I am doing considerable travelling at government expense and shall do a good deal more before long as the 4th Marine Division has its heart set on Tokio as its ultimate objective.

Many thanks for the BULLETIN. I am asking my wife, who is now my treasurer, to send you a small check as tangible evidence of my appreciation.

(Lt. Comdr.) ALLEN S. JOHNSON, '27.

Dear Dr. McKittrick:

The trip up here took about as long as the U. S.-Australia voyage. We wore only shorts and sandals most of the time as there were no women aboard. We were pretty tired of the cramped lab quarters with portholes stopped up at night for blackout, two meals a day schedule, and general lack of activity. There wasn't even room to take a turn about the deck. A relieving feature were our companions on the trip—other medical units—one of which ended up not far from us; others going farther up; one dropped on the way. It was a great relief to climb down the debarkation net into ducks and invasion barges one dark night to land in a cocoanut grove. The men attacked at once—that is, the cocoanuts—only one casualty and one of our cooks, who cut his hand badly. They

didn't learn the native way of opening a cocoanut until later. Within an hour two officers had fallen into fox holes. We had a ride for miles in a six by six (largest Army trucks) and on arrival were put up on the wards of a Field Hospital with the patients. The next day we put up a couple ward tents for the officers. It seems ages ago now, though only six weeks. Since then we have gone through the stages common to most hospitals in this area. Our area was only partly cleared, so we became "Medical Engineers" helping to push back the jungle. Bulldozers did a remarkable job of skimming off the vegetation, pushing over trees except the larger ones, and making big piles by nudging them to the edge of the clearing. We did a lot of burning of these piles and also of the "kunoi" grass which harbors the mite of scrub typhus. We set up a field mess which we still have gone through the stages of steam bathing to "bubble baths" in helmets to improvised showers, and expect to have a large reservoir going in a week or two now.

This letter celebrates our moving into our permanent officers' quarters yesterday—our third move so far. Up to the present we (officers) have lived in two large ward tents with dirt or ground coral floors and no walls. The walls are extended out to form a part of the roof. Small lizards are everywhere, plus scorpions, centipedes, etc., and all have been found in our shoes or beds. We learned early to empty out our shoes each a.m. or hang them upside down on tent pegs. We sleep under mosquito netting, of course. Neither malaria nor dengue is a great problem here but we take every precaution. Our new quarters consist of a 16 x 16 platform, three feet off the ground—no side walls—and a pyramidal tent roof. What a relief to put one's feet on a floor in

the a.m. instead of in the dirt! However, there has been so much rain the last couple of days that gumbo mud is a foot deep in the area and our floors are so tracked with mud that the advantage of the floor is largely vitiated. We were especially glad to get a couple of feet off the ground after our guard on night watch shot a six-foot python as it came out of the corner of our tent by moonlight about 3 a.m. You can imagine that we all thought the Japs had sneaked in on us when the rifle started blazing away right by our beds. I called to the guard to find out what he was shooting at, and, when he said, "A snake", I put my shoes on and ran out. The snake had four holes in him but he was still crawling slowly towards the jungle, so another major and I laid a tent pole across it and stood on it and cut its head off with a hatchet. One of the enlisted men has preserved the skin. The men have brought him two other snakes, of coral color, one 5 ft. 8 in. and the other 5 ft. 6 in. long. The python was a bright green in color. I hoped, when we moved, that we would escape the lizards too, but yesterday I saw a bright green one about five inches long scurrying up the rafter above my bed. They are cute, alert, harmless things though. Ants are a worse pest. They are everywhere and, if you pick up a branch, they are apt to swarm all over you and they really nip when they bite. These things are all trivial, however, but they are a favorite subject for letters home. This is nothing as compared with the conditions during the first fighting. We now have a two-lane highway in places covered with ground coral and the engineers have done a remarkable job on them even since we arrived. Bulldozers, steam shovels, graders, and steam rollers can make big changes in a short while. I even hitch-hiked twenty miles the other week and have been nine miles in the opposite direction over mountain trails that only a jeep could traverse. We even have electric lights and radios now, having gone through the stages of flashlights, candles, and kerosene lanterns previously.

Our activities thus far have consisted of

working with the engineers in the construction of our hospital. Because I displayed some proclivity to carpentry, I was appointed "construction foreman" of the officers' quarters. We have just completed seventeen huts of the type described above, much of it with officer labor. Our buildings are going up rapidly and will be prefabricated: corrugated iron roof with insulating board beneath, and concrete floors. There is nothing but coral to mix with the cement, so the concrete crumbles very easily. The sides are for the most part open. Some wards, as for malaria, dengue, etc., are screened. We have no screens in our quarters—authorized only for nurses' quarters! Our nurses will be along later.

You can imagine my pleasant surprise to have Geo. Marks hail me from a jeep one day about a week after our arrival. He is the surgeon consultant to this base. I have had several pleasant visits with him and have shared my M.G.H. news letters with him because his failed to arrive. A couple of weeks later I was surprised to run into Eugene Eppinger (P.B.B.H.) who was here on a tour. He is medical consultant to this area. I had a good visit with him and he will be back later to check up on our medical service. I see Jim Priestley quite often. Perhaps you know him from Minn. When all of our hospital units get settled here we hope to have regular medical meetings. Security forbids any telling you of our adjoining units being set up at present, but more later. Jack Gibbon messaged with us a while when his unit first arrived.

Five of us crashed a native festival the other Sunday, and it was a great experience. About two hundred native "fuzzy-wuzzies" danced, chanted, and drummed in costumes. The latter are scanty but picturesque. They had dumbbell shaped drums made out of sections of hollowed log about two feet long with python skin for a drumhead. This was the first festival they had had since the Japs were driven out. This area had not yet been won when we left Dix. This festival was said to celebrate the victory of the Allies and the

improvement in their condition since the Aussies took over. All the native labor is controlled by them. We see them working in the neighboring woods constantly, cutting poles for some of the buildings and thatching them with sago palms. Some work in the malaria control units. They all grin broadly and ask for a cigarette. The standard price for climbing a cocoa-nut tree for you is two cigarettes. "Number one boy" who wears a sort of Salvation Army cap as badge of office usually speaks some English—the rest "pidgin" English. When they grin, the bases of their teeth show a blood red stain from chewing betel nuts. That should interest Charlie Lund. I haven't seen any cancer of the mouth from it yet, however. The men wear only a short skirt, often of bright color, or occasionally now G.I. shorts. They invariably carry a machete with which they can do anything and everything—even knock the tops off cocoanuts with it. The cocoanuts have a very thick husk on them which is almost impossible to pull off, but the natives sharpen a stick at both ends with their machete, stick it in the ground, and pound the husk off in a flash.

Two native boys wandered to our tent a couple of weeks ago and we tried our pidgin-English on them. One of the officers gained their confidence enough to feel for their spleens, but they thought he was tickling them. One had an enlarged spleen.

We had a good laugh at one of our officers the other day who met a fuzzy and was going to try some pidgin-English on him, but, as he approached, he took the words away with "Good evening, Lieutenant".

We have an invitation to a native village and hope to go soon.

Sincerely,
Clifford.

(MAJOR CLIFFORD C. FRANSEEN, '30).

Dear Mrs. Wilson,

The January BULLETIN arrived a few weeks ago via my home in Missouri and was very enjoyable reading. With one's friends and acquaintances scattered all over the world, the BULLETIN provides an excellent directory and also a pleasant vehicle for reviving the memories of very happy and valuable associations.

At the present time I am stationed in England. I am on the surgical service of a semi-mobile evacuation hospital. Our equipment and organization are excellent, and, although we are a bit impatient at the paucity of surgical activity, we feel the future will find us quite busy.

Unfortunately I have seen few of my classmates of 1942. Sidney Cobb was stationed at Camp Tyson, Tenn., when I was there, and has since come over here. While in London, I met Keller Van Slyke who is a captain in an Auxiliary Surgical Group. I also visited the 5th General Hospital and enjoyed a short visit with many of my former instructors. Needless to say, they are doing an excellent job—but perhaps I am prejudiced.

While attending a very excellent course in London on abdominal surgery, presented by British surgeons, the more notable being Gordon Taylor, Dodds, Abell and Severidge, I met Lt. Col. Doyle Joslin, '21, who was also attending the course.

In my outfit there is one other Harvard Medical School graduate, Capt. Philip J. Morrison, '39. We have to stand together to uphold the prestige of Harvard Medical School against the good natured pounding by the abundant Pennsylvania graduates we have in our unit.

I will receive the BULLETIN more rapidly if sent directly to my present A.P.O. address and would appreciate this being done. Morale is spelled M-A-L-L over here—and that definitely includes the BULLETIN.

(CAPT.) JAMES E. LEWIS, JR., '42.



U. S. Army Photo
MAJOR PARKER C. HARDIN, '27

Somewhere in Australia — Friends of Major Parker C. Hardin were so moved by a letter, recounting the impressions he carried from the hard-fought battle of Buna, they decided to share it with a greater audience. The letter was turned over to the *Reader's Digest* and published in the January issue.

Maj. Hardin was commanding officer of the 22nd Portable Hospital, one of the experimental, tough little surgical hospitals which made history in the New Guinea campaign. Attached to the Buna task force, the 22nd was sailing up the coast for Oro Bay when it underwent its baptism of fire. Jap planes launched merciless bombings and strafing attacks during which the outfit suffered 34 per cent in

casualties. The survivors swam a half-mile to shore, set up a hospital to care for the wounded, and after a day's rest made their way to the battle area.

"I was on deck when the planes began pouring deadly streams of red tracer bullets," Maj. Hardin says. "Before I could remove my clothes I had to jump into the water. We could see the first bombs soaring down and when they were dangerously close I dived under the ship to escape their blast. When the bombers left I groped my way to shore. While we were making for the beach the Japs kept up the strafing, making it necessary to dive under now and then in a desperate effort to escape them. God only knows how I got in."

"The men of the 22nd worked unceasingly, slept little, ate less," Maj. Hardin says. "After long, tedious days behind the lines officers and men transported walking and litter patients over a steaming jungle trail, newly cut through by engineers, to a field hospital five hours away."

The unit later joined the 2nd Field Hospital to which wounded and malaria-ridden men had been evacuated and from which they were sent to hospitals at Port Moresby. It was at the field hospital that Jap planes killed or wounded 50 men of a hospital population of 400 in one devastating raid. Some men already wounded were wounded again. That raid was by all odds the most terrible he experienced, Maj. Hardin says.

"When the alarm was given I dashed 200 yards, wearing only undershorts, and threw myself into the harsh, cutting kuani grass. It was a pandemonium of screeching bombs, whining bullets and flying debris. After the raid we counted 55 bomb craters."

For his part in the campaign, from which he suffered six attacks of malaria, Maj. Hardin was awarded the Silver Star with one oak leaf cluster.

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Founded in 1891

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ANNUAL MEETING

The Annual Meeting and Dinner of the Harvard Medical Alumni Association will be held at the University Club, 76 East Monroe Street, Chicago, Wednesday evening, June 14, in association with the meeting of the American Medical Association. Cocktails will be served at 5:30 P.M. and the dinner is scheduled for 6:30 P.M. No formal speeches will be arranged but we will have several informal talks by outstanding graduates of the Medical School. Please return the reply card which was sent you recently. Owing to the difficulty in securing adequate quantities of food and adequate help in serving it, it is extremely important that you make your dinner reservations early. Willard O. Thompson, 23, 700 North Michigan Avenue, Chicago, is Chairman of the Committee for the Dinner.

Necrology

1894

JOHN JOSEPH EGAN died in Boston, Mass., January 22, 1944.

1897

JOHN THOMAS SULLIVAN, JR., died in Dorchester, Mass., December 10, 1943.

1898

GEORGE BURGESS PIERCE died in New York City, N. Y., May 3, 1944.

1901

ORLAND SMITH MAYHEW died in Vineyard Haven, Mass., February 26, 1944.

GEORGE EDGAR WINSLOW died in Hyde Park, Mass., April 17, 1944.

1902

REV. FRANCIS JAMES DORE died in Brighton, Mass., February 28, 1944.

ROBERT THOMAS STEARNS died in Scituate, Mass., April 20, 1944.

1905

RALPH EDGARTON STONE died in Beverly, Mass., March 22, 1944.

MARK HUNKING WENTWORTH died in Concord, Mass., May 15, 1944.

1906

RALPH AUGUSTUS HATCH died in Boston, Mass., April 1, 1944.

1907-08

ALEXANDER EARLE HORWITZ died in St. Louis, Mo., November 30, 1943.

1908

JOHN JOSEPH CURTIN died in Waltham, Mass., March 10, 1944.

1914-16

HARRY JOSEPH WOODWARD died in Montpelier, Vt., April 4, 1944.

1915

NORMAN WILKINSON GILLESPIE died in Dorchester, Mass., April 28, 1944.

1916

ELDON MARSHALL FINDLEY died in Graham, Mo., November 18, 1943.

1923

JOHN JOSEPH COCHRAN died in Natick, Mass., May 1, 1944.

1937

EDWARD MAX KNECHT died in Washington, D. C., February 4, 1944.

Died in Service

1929

LT. COMDR. SIDNEY CHASE GRAVES. Died May 14, 1944, while on duty with the Pacific Fleet. Born July 21, 1901, in London, England, the son of the late William P. Graves, M.D. '99, Faculty, and Alice Chase Graves, he prepared at St. Paul's School, Concord, N. H., and Milton Academy, Milton, Mass. He received his clinical training at the Massachusetts General Hospital, Boston, Mass., and the Free Hospital for Women, Brookline, Mass. From 1933 he was assistant in gynecology at the Harvard Medical School and from 1932 assistant visiting surgeon at the Free Hospital for Women.



1939

Lt. WARD ROBERT VINCENT was killed in action at Tarawa on November 20, 1943. Entering the Naval Reserve in March, 1942, Vincent was commissioned Lt. (j.g.) and stationed at the Marine Corps Base, San Diego, Calif. In April he was detached from this duty and assigned to a Marine Division, Fleet Marine Force, Naval Operating Base at San Diego. His appointment to the rank of Lieutenant followed in October. He was in active service in the Asiatic-Pacific Area and for meritorious service in line of duty he received the Order of the Purple Heart posthumously. After leaving the Medical School, Vincent served internships at both the San Diego County Hospital and the Ventura County Hospital in California. He is survived by his wife, Agatha Fiset Vincent.

